

RICHARD J. GODLEWSKI
Patent Attorney
P.O. Box 2256
West Lafayette, IN 47906
Telephone (317) 463-7537
Facsimile (317) 497-0641

FACSIMILE TRANSMITTAL FORM

TO: Customer Corrections DATE: August 9, 1994

COMPANY: United States Patent and Trademark Office

FACSIMILE NO.: (703) 308-2840

FROM: Richard J. Godlewski TIME: _____

NO. OF PAGES 4 (including this cover sheet).

In Re: Timothy A. Chuter
Serial No.: 07/959,758
Filed: October 21, 1992

Attached is a Request For Corrected Filing Receipt together with a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is requested.

In the event of improper payment of a required fee, the Commissioner is authorized to charge or to credit Deposit Account No. 13-2528 as required to correct the error.

Respectfully submitted,



Richard J. Godlewski
Registration No. 30,056
(317) 463-7537

RECEIVED

AUG 09 1994

APPLICATION DIVISION

Attorney's Docket No. PA-5047-CIP2**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Timothy A. Chuter

Serial No.: 0 7 / 959,758

Group No.: 3308

Filed: October 21, 1992

Examiner: D. Brittingham

For: EXPANDABLE TRANSLUMINAL GRAFT PROSTHESIS FOR REPAIR
OF ANEURYSM AND METHOD FOR IMPLANTING

Commissioner of Patents and Trademarks

Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data which is:

☒ Incorrectly entered

and/or

☐ omitted.**Error in****Correct data**

1. ☐ Applicant's name
2. ☐ Applicant's address
3. ☐ Title
4. ☐ Filing Date
5. ☐ Serial Number
6. ☐ Foreign/PCT Application Re:
7. ☒ Other

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
7. CIP of 07/868,792 04/15/92

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231

Date: _____

FACSIMILE

☒ transmitted by facsimile to the Patent and Trademark Office

Signature

Barbara J. Forss
(type or print name of person certifying)

SC13275 08/10/94 07959758

13-2528 130 576

25.00CH

(Request for Corrected Filing Receipt [5-8]—page 1 of 2)

FILING RECEIPT
CORRECTED
08-10-94

3. (complete the following applicable item A or B)

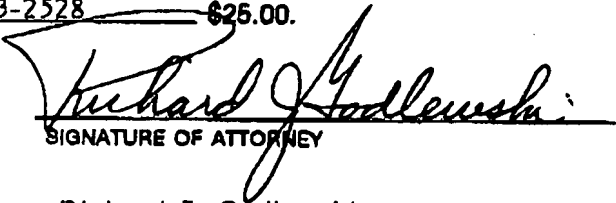
A. ☐ The correction(s) is/are not due to any error by applicant and no fee is due.

OR

B. ☒ At least one of the above corrections is due to applicant's error and the fee therefor under 37 CFR 1.19(h) of \$25.00 is paid as follows:

☐ Enclosed is check for \$25.00.

☒ Charge Account 13-2528 \$25.00.


SIGNATURE OF ATTORNEY

Reg. No.: 30,056

Richard J. Godlewski

(type or print name of attorney)

Tel. No.: (317) 463-7537

P.O. Box 2256

(P.O. Address)

West Lafayette, IN 47906

FILING RECEIPT

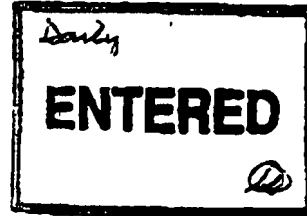


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

RECEIVED JAN 11 1993

SERIAL NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
07/959,758	10/21/92	3308	\$ 840.00	PA-5047-CIP2	23	20	3

RICHARD J. GODLEWSKI
P.O. BOX 2256
WEST LAFAYETTE, IN 47906



Receipt is acknowledged of the patent application identified herein. It will be considered in its order and you will be notified as to the examination thereof. Be sure to give the U.S. SERIAL NUMBER, DATE OF FILING, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this transmittal.

Applicant(s)

TIMOTHY A. CHUTER, PITTSFORD, NY.

CONTINUING DATA AS CLAIMED BY APPLICANT-
THIS APPLN IS A CIP OF 07/868,798² 04/18/92⁵
WHICH IS A CIP OF 07/782,696 10/25/91

FOREIGN FILING LICENSE GRANTED 01/05/93

TITLE

EXPANDABLE TRANSLUMINAL GRAFT PROSTHESIS FOR REPAIR OF ANEURYSM AND
METHOD FOR IMPLANTING

PRELIMINARY CLASS: 623